

REPORT COVERING:

☐ JANUARY 1 through JUNE 30, _____ - DUE BY AUGUST 15

☒ JANUARY 1 through DECEMBER 31, 2005 - DUE BY FEBRUARY 15

2006-005
20060211

FOR OFFICE USE ONLY

Postmark Date: _____

1. Name: Thornburg Investment Management, Inc.
Last First MI

2. Business Address: 119 East Marcy St Santa Fe NM 87501
Street and No. City State Zip

Mailing Address: Same

3. Business Phone: (505) 954-5218
Area Code and Telephone Number

4. Employer: _____

5. Employer's address: _____
Street and No. City State Zip

6. Did you make an expenditure exceeding \$50 on one occasion for a retirement system official:

From January 1 through June 30? Yes ☐ No ☒
From July 1 through December 31? Yes ☐ No ☒ NA ☐

If the answer to either question in Number 6 above is YES, complete Schedule A and attach.

7. Did you make expenditures exceeding the sum of \$250 for a retirement system official:

From January 1 through June 30? Yes ☐ No ☒
From July 1 through December 31? Yes ☐ No ☒ NA ☐

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. PROVIDE BELOW (a) the name of the state or statewide public retirement system; (b) the aggregate total of all expenditures attributable to the retirement system made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the retirement system made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the retirement system.

1) a. Name of Retirement System: Firefighters Retirement System

b. Total of all expenditures made January 1 through June 30: \$ 0

c. Total of all expenditures made July 1 through December 31: \$ 0
(When applicable)

d. Total of all expenditures made during the calendar year: \$ 0

2) a. Name of Retirement System: _____

b. Total of all expenditures made January 1 through June 30: \$ _____

c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)

d. Total of all expenditures made during the calendar year: \$ _____

3) a. Name of Retirement System: _____

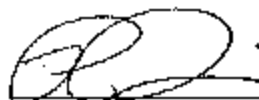
b. Total of all expenditures made January 1 through June 30: \$ _____

c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)

d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 42:1114.2 has been deliberately omitted.



Signature of Filer

Peter Trevisani
Managing Director
Thornburg Investment
Management

February 6, 2006